

**MONTANA MONEY FOLLOWS THE PERSON
DEMONSTRATION PROGRAM
WITHDRAWAL CONFIRMATION**

_____ I choose to withdraw participation from the Montana Money Follows the Person Demonstration Program. (check to confirm)

Participant's Name: _____

Address: _____

Social Security Number: _____ Medicaid Number: _____

Legal Guardian's Name: _____

Address: _____

You will be removed from participation in the Montana Money Follows the Person Demonstration effective the date of your signature on this form.

Participant Signature

Date

Legal Guardian Signature (if applicable)

Date

Please return this form to your Regional Transition Coordinator.